



ALLEGED ZONING VIOLATION COMPLAINT FORM

(Please print)

Property Owners Name: _____
(If different than the alleged violators name & address)

Property Owner's Address: _____

Alleged Violators Name: _____

Alleged Violators Address: _____

Location of Alleged Violation: _____

Nature of Alleged Violation: _____

Complainant's Name: _____ Daytime Phone: _____

Complainants Address: _____

Complainant's Signature: _____ Date: _____

NOTE: By signing this form, you are attesting to the validity of this complaint, and acknowledge your willingness to appear (if necessary), before the Board of Zoning Appeals and in District Court as a witness against the alleged violator of the Town of Leesburg Zoning Ordinance. Checking the following () will serve as a request to keep your name confidential with respect to requests for release of information in accordance with the Freedom of Information Act. Section 2.2-3705.#81 Code of Virginia.

Please do not write below; to be completed by Town staff

MCPI# ____ : ____ : ____

Zoning District: _____ Complaint Rec'd by: _____

Date: _____